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HM22/0719

PATENT DEPARTMENT
SANOFI PHARMACEUTICALS INCORPORATED
9 GREAT VALLEY PARKWAY
PO BOX 3026
MALVERN PA 19355

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Michael D. Alexander

(Depositor's name)

Michael D. Alexander

(Signature)

October 14, 1999

(Date)

APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
09/051,900	04/17/98	023	RAMSUER, R	1613 07/19/99
First Named Applicant	FOULON,	35	USC 154(b) term ext. =	0 Days.

TITLE OF INVENTION 3-SPIRO-INDOLIN-2-ONE DERIVATIVES AS VASOPRESSIN AND/OR OXYTOCIN RECEPTOR LIGANDS

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEES DUE	DATE DUE
1 IVD925D	514-232.800	V88	UTILITY	NO	\$1210.00	10/19/99

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Michael D. Alexander

2 _____

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type).

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE SANOFI-SYNTHELABO

(B) RESIDENCE: (CITY & STATE OR COUNTRY)

174 Avenue de France, 75013 Paris, France
Please check the appropriate assignee category indicated below (will not be printed on the patent)

Individual corporation or other private group entity government

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The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above.

(Authorized Signature)

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10/14/99

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